

Black. (J. J.)

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BROAD LIGAMENT.*

BY

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OF NEW CASTLE, DELAWARE.



FROM

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Together with a Cyst of the Right
Broad Ligament.***

BY JOHN J. BLACK, M.D.,
OF NEW CASTLE, DELAWARE.

IN April, 1889, Dr. Benjamin B. Peters, of Christiana, New Castle Co., Delaware, sent Sarah T——, colored, aged twenty-seven years, to me, requesting that I should examine her, and give my opinion as to the condition present, at the same time informing me that he was sure she had had for some time an abnormal growth in the abdomen, and in addition that he thought at the present time she was very likely pregnant. Sarah was mentally a bright woman of her class, and full of vim and pluck, unmarried, and apparently much distressed over her fears of becoming a mother, although she said, "She knew she had had a lump in her stomach for several years." She was a markedly deformed woman, very short in stature, with the peculiarly developed head of a dwarf, very long arms, a fairly developed body down to the pelvis, but from thence down much distorted and out of shape. Her thighs and legs were very much bowed, very short naturally, and there was very little motion in the right hip-joint; not from its being defective, but from distortion about the upper part and neck of the femur. The case was one in every respect typical of rickets. She had a brother even



more deformed than herself, and two sisters more or less deformed, one of whom, Dr. F. L. Springer, of Christiana, informed me he had delivered, several years previously, after craniotomy.

The father and mother were both large, and, physically, fine specimens of their race, and no suspicion of deformities could be traced in their ancestors. An examination of Sarah showed a considerable abdominal enlargement, somewhat larger to the right of the median line and having a somewhat nodulated feeling lower down to the left. Palpation over the prominence showed the presence of fluid. Vaginal examination told me little, as I could not reach the os uteri, and it at once became evident that I had a seriously deformed pelvis to deal with. I could not hear the foetal heart, and she had felt no motion, but acknowledged it was possible she might be pregnant, as she had not menstruated since the preceding November.

From rational and clinical signs I believed there was abnormal growth or growths in the abdomen, and agreed with Dr. Peters in his suspicions of pregnancy. Shortly after her visit to me I made an appointment with Dr. Peters, and examined her critically as to the condition of her pelvis, at her home, with a view to the treatment of her condition. I soon found out the extreme nature of the deformity, and the utter impossibility of delivering her of a living child by inducing premature labor, at the viable period, or even by craniotomy—the space was so contracted. Dr. Peters and I could only introduce two fingers through the inferior strait, and could make no satisfactory examination of the os. My hand is small, but I could by no means force it into the vagina.

The right limb could not be sufficiently moved to give good working space to the outlet of the pelvis. The arch of the pubes was very narrow, scarcely ad-

mitting two fingers, the symphysis was depressed, and the promontory of the sacrum was encountered when the fingers were introduced, giving at first the sensation of the presence of a child's head. I doubt if there was more than one inch in the antero-posterior diameter.

From the condition of the uterus, enlarged as it was by the fibroid masses, it was impossible for a foetal head to engage in the superior strait.

The condition of affairs was stated to the patient and to her mother, and they agreed to let us do all we could to save her and her child. We could propose nothing short of a gastro-hysterotomy.

Monday, August 19, 1889, I was summoned to the case by Dr. Peters. I found the woman in labor, and, unfortunately, before I could get to her residence, the waters had come away, thus probably rendering the extraction of the child from the uterus a little more difficult. The woman was in fair condition and good health, as far as her kidneys and other organs were concerned. After consultation with Dr. Peters, Dr. Francis L. Springer, of Christiana, and Dr. R. R. Tybout, of New Castle, we decided to perform the Cæsarean operation and treat, as we went on, any complications that might arise. The foetal heart could be heard and a left vertex presentation made out, externally.

Dr. Peters kindly took charge of the anæsthetic—chloroform—while Drs. Tybout and Springer gave me direct assistance. Antiseptic precautions were used in every detail, from the beginning to the end of the case. After putting the abdominal surface in proper condition, I at once made an incision from the navel to near the pubes, incising the parts as they appeared, and on opening the abdomen a cyst at once came into view. With a towel (antiseptic) around the wound, the cyst was evacuated of a straw-colored fluid. The uterus now came into view—a

large, interstitial fibroid mass extending from above the centre down the left wall to the neck. Over the surface were also numerous fibroid nodules. A large fibroid mass was felt behind, along with several smaller nodes. The very serious nature of the case now became apparent. I prolonged the abdominal incision above the navel to the left, and then at once opened the uterus through the fibroid masses. The hemorrhage was terrific, but we kept the blood from entering the abdominal cavity as much as possible by towels held by Drs. Springer and Tybout. After the incision into the uterus was sufficiently large, I introduced my hand, and felt first the child's head, but the waters having been evacuated the walls of the uterus tightly clasped it. I seized first one foot and handed it to Dr. Springer, then I seized the other foot and gave it to Dr. Tybout, and they at once dexterously delivered a large, male child. The cord was wound tightly around the neck three times, and the child was in a condition of asphyxia. It was given in charge of Dr. Tybout, who, by skilful manipulation, soon had it restored and crying lustily. In the meantime Dr. Springer had grasped the uterus around the neck and checked the hemorrhage. I at once delivered the placenta and turned the uterus completely out of the abdomen, and constricted it at the neck by a piece of rubber tubing, thus controlling all bleeding. The woman was in good condition, and had the uterus been normal, by Säger's method I believe we could have saved both mother and child without trouble. The mass could not, however, be sewed up and returned into the abdomen; the patient would never have rallied, and the hemorrhage could not have been controlled; the only thing was to separate the mass and extirpate it.

The remains of the cyst were found about the right broad ligament, and there was a small cyst of the same kind, the size of a hen's egg, about the

parovarium on the left side. We ligated with silk, and separated the round and broad ligament and attachments on either side, and cut the ligatures short, carefully lifting the bladder from the uterus (the first having been emptied by a catheter before the operation) and applied the *serre-nœud*, expecting at least to constrict the neck sufficiently to check hemorrhage and allow us to take away the rubber tube, and then treat the pedicle in the lower angle of the wound. I soon found to my sorrow that the screw-threads slipped, and the wire would not hold sufficiently even as a constrictor, and as I was utterly without resource as to other instruments, there was nothing left to do but to ligate the part, which we did—fortunately finding a strong hemp cord in the house. After ligation I removed the whole organ, tumors and all.

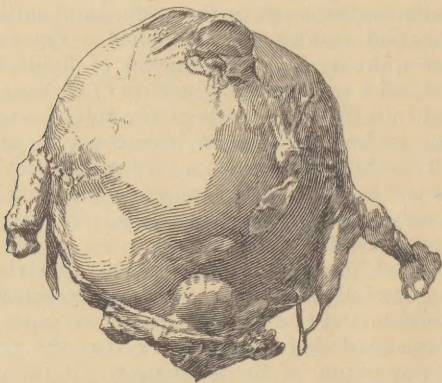
There was no hemorrhage or further trouble. The child and the ablated mass weighed eight pounds. ^{Each} The abdomen was closed by catgut in the usual manner, after having been cleansed and sponged thoroughly dry. The ligature was brought out the dependent angle of the wound, and antiseptic dressings and bandages were applied. The woman was now quite weak. A syringe of fluid extract of ergot and a number of syringefuls of whiskey were injected into the outer parts of the thighs, and she was put to bed, with warm blankets, etc., around her. The child was now in a very satisfactory condition, just as much so as though he had been born by an easy birth *per vias naturales*. We then and there named him Cæsar Trippet.

We found, on examining the pelvis, that the deformity was fully as much as had been expected, and its condition and that of the uterus would have probably demanded delivery by other than the natural way at any period of the pregnancy. If the uterus could have contracted sufficiently to expel the child,

I doubt if it could have so contracted as to prevent the mother dying from post-partum hemorrhage.

As to the time of election for the operation, the old mother was superstitious and very peculiar, and the only election we had was to await the coming on of the symptoms of labor. Up to this point we had done all we could for this unfortunate patient, and now we were compelled to leave her without the care of any one skilled in nursing or attention to the sick. The only intelligent care she did receive was what her physicians were able to give her in a house destitute not only of the luxuries but even of the necessities of life.

The bladder was relieved regularly by Dr. Tybout, and the contents, when evacuated, showed this viscus to be intact. Her diet was chiefly milk, with stimulants as required, and opium to control the bowels and any irritation that might arise. The next morning she was lively and joking, and remarked to me that it was the "fust time" she had seen her feet over her belly for a very long time.



Posterior view of uterus showing fibroids.

Her pulse was 95, and her temperature 100°. She had not vomited or complained of nausea; had some appetite, and no abnormal thirst, and her countenance was not serious. In the afternoon of this day her pulse and temperature began to go up, and Dr. Tybout removed the dressings and examined the wound and the adjacent parts. All were in good condition. There was no very marked tympanites. Soon after this, irritability of the stomach came on, which increased until the time of her death, at 9 P.M. of the third day after the operation, from exhaustion.

I have found no such case as this on record; here is not only a Cæsarean section, but a Porro-Cæsarean section, complicated by the existence of an ovarian cyst, or rather a cyst of the broad ligament, from either one of which a fatal result might follow. The only case I can find on record approaching it is that in which Dr. Horatio R. Storer, in 1869, performed the Cæsarean section to remove a dead fœtus—a fibro-cystic tumor filling the pelvis. After incising the uterus, the hemorrhage was so alarming that he ligated the cervix, and removed the uterus with the *écraseur*. The patient died.

Dr. Emmet says, in his *Principles and Practice of Gynecology*, edition of 1884, p. 579 *et seq.*: "To remove the uterus when enormously enlarged from a fibroid growth is unquestionably one of the most formidable operations a surgeon can be called upon to undertake. The degree of success which has so far attended the operation offers but little encouragement for the future. Seeing the results of the operation in this country, no surgeon is justified in attempting to remove the uterus for the growth of a fibrous tumor, except as a forlorn hope." Such

being the opinion of one whose authority is so unquestioned, how much more of a forlorn hope was the case I have reported!

NEW CASTLE, DEL., September, 1889.

Dr. Robert P. Harris, of Philadelphia, has kindly added the following remarks: "This operation of Dr. Black deserves a special notice, from the fact that it was the first Cæsarean section ever performed in the State of Delaware. That death should have followed it is not to be wondered at, when we consider that the subject was a rachitic dwarf, with a collapsed pelvis; and that her case was rendered far more serious by reason of the abnormal state of her uterine tissues. Women with uterine fibroids have been saved under the old Cæsarean, Porro-Cæsarean, and new Cæsarean sections, it is true; but the proportion has been very small, compared with that of the cases in which the uterine tissues have been free from disease. The Porro method can rarely be employed with advantage in cases of obstruction by uterine fibroids, because of the fact that the cervix is generally involved in the disease itself; and in the new Cæsarean the degeneration of tissue to be sutured is a serious obstacle to a satisfactory closure and an early union. Two Säger and two Porro cases in Philadelphia, all fatal, attest the risk to life in operating on parturient women with obstruction by fibroids. There have now been performed, in all countries, 269 Porro-Cæsarean operations, with 122 deaths; the record of our own country is 11 cases, with 8 deaths—a higher mortality than any European country, except Scotland, which has lost 4 out of 5; Austria has saved 43 out of 61. Germany has lost only 13 out of her first 98 Säger cases."

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